



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

OFFICE OF LICENSING & ACCREDITATION

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General Out of State Screening Release Form

South Dakota is required by Federal Law (45 C.F.R. 98.43) to conduct out-of-state background checks for people applying to work in a childcare facility in South Dakota who have lived in **Arkansas** during the past five years. Please complete the following information below:

Date: _____ Phone Number: _____

Name: _____

First Name

Middle Name

Last Name

Maiden Name

Alias

Date of Birth: ____/____/____ Social Security Number: _____ Age: _____

Race: _____ Gender: Male ☐ Female ☐

Current Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Dates at this address (Month/Year): _____

Previous addresses in the last 5 years:

Address: _____

City: _____ State: _____ Zip Code: _____

Dates at this address (Month/Year): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dates at this address (Month/Year): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dates at this address (Month/Year): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dates at this address (Month/Year): _____

E-mail address: _____

Note: The State of Arkansas will send a confirmation e-mail to you requesting you verify approval of this screening request. Please check your e-mail often and respond as quickly as possible once received.